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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **825623** **(2)**

1. Corporation Name
THE NATIONAL CASH REGISTER COMPANY

Principal Place of Business	Mailing Address
C/O NCR CORPORATION. TAXES 1700 S PATTERSON BLVD DAYTON OH 45479 US	C/O AT& T GIS. TAXES 1700 S PATTERSON BLVD DAYTON OH 45479-0001 US

3. Date Incorporated or Qualified: 01/19/1971
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 13-2671021 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOAK, J. S		1.2 NAME		
STREET ADDRESS	1700 S PATTERSON BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WINDHOLTZ, T. F		2.2 NAME		
STREET ADDRESS	1700 S PATTERSON BLVD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		2.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NYQUIST, L.K.		3.2 NAME		
STREET ADDRESS	1700 S PATTERSON BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSEN, K. D		4.2 NAME		
STREET ADDRESS	1700 S. PATTERSON BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WINDHOLTZ, T.F.		5.2 NAME		
STREET ADDRESS	1700 S. PATTERDSON BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		5.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	STANFORTH, D.J.		6.2 NAME	DOLEN, M. A.	
STREET ADDRESS	1700 S PATTERSON BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTON OH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED M. A. DOLEN 4/24/97 937-445-2449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #